



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS FORM #200-24

Check below if also applying for
Advanced EMT Examiner status
(separate application required)

☐

BASIC EMT EXAMINER APPLICATION

Application Date _____

Name _____ Primary Occupation _____

Last

First

M/I

Home Address _____

Work Address _____

Social Security # ____/____/____

Home Phone # (____) _____ Work Phone (____) _____

1. Current Massachusetts EMT Cert. # _____ Exp. Date _____

Level (check one): ☐ EMT- Basic ☐ EMT-Intermediate ☐ EMT-Paramedic

2. Please indicate certification/registration current or previously held in other states:

State	Level of Certification/Registration	Certification/Registration#	Expiration Date
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3. Has your certification as an EMT in Massachusetts or any other state ever lapsed, been suspended, restricted or revoked?

☐ Yes ☐ No If yes, please attach a separate letter explaining the circumstances.

4. Indicate where you have worked **at least one year** as an EMT providing direct patient care.

Organization _____ Position _____

Address _____

From _____ To _____

5. How often do you use your Emergency Medical Care skills? ☐ Daily ☐ Weekly ☐ Monthly ☐ Other _____

In what capacity? _____

EDUCATIONAL BACKGROUND

6. Where were you initially trained as a Basic EMT?

Institution _____

Address _____

Course Coordinator _____ Course Instructor _____

Completion Date _____

7. Have you received advanced EMT Training? ☐ Yes ☐ No If yes, please answer. Use additional paper if necessary.
 Course Name _____ Institution _____
 Address _____
 Level of Training _____ Course Completion Date _____

8a. Where were you first trained as a CPR/BLS Instructor?
 Institution _____ Address _____
 Course Coordinator/Instructor _____ Completion Date _____
 Name of Local AHA/ARC Chapter _____

8b. Most recent recertification as CPR/BLS Instructor:
 Institution _____ Address _____
 Course Coordinator/Instructor _____ Completion Date _____
 Name of Local AHA/ARC Chapter _____

8c. How often do you teach CPR? _____
 Where do you teach CPR? _____

9. Other educational background (starting with high school) not previously listed:

Name & Address of Institution	Dates Attended (To/From)	Degree, Dipl, etc.	Year Compl.

10. Are you certified to instruct in other EMS related courses (e.g., First Aid, ACLS, Defensive Driving, etc.)?
☐ Yes ☐ No If yes, please list.

11. Are you currently involved in EMT training in MA.? ☐ Yes ☐ No Indicate Region: I ☐ II ☐ III ☐ IV ☐ V ☐

If yes, indicate:

Institution _____ Type of training _____
 Address _____
 Your role/position _____ Length of time _____
 Your supervisor _____ His/Her Tel. # () _____

12. Are you registered or certified in any other allied health or EMS related field (e.g. RN, resp. ther., etc.)? ☐ Yes ☐ No
If yes, please list license & # _____

13. Do you have any other affiliations or extra-curricular activities which might be relevant to your qualifications as a Basic EMT Examiner? ☐ Yes ☐ No If yes, please indicate here _____

14. Please provide us with information about your last three (3) jobs. Start with your most recent job and work your way back in time. (If you have an up-to-date resume you may attach it in answer to question #14).

Name of Employer _____
Address _____
Your Job Title _____ Immediate Supervisor _____
Briefly describe your duties and how they relate to EMS, if applicable.

Reason for Leaving _____ Dates of Employment _____

Name of Employer _____
Address _____
Your Job Title _____ Immediate Supervisor _____
Briefly describe your duties and how they relate to EMS, if applicable.

Reason for Leaving _____ Dates of Employment _____

Name of Employer _____
Address _____
Your Job Title _____ Immediate Supervisor _____
Briefly describe your duties and how they relate to EMS, if applicable.

Reason for Leaving _____ Dates of Employment _____

15. Please provide the below listed information for three **personal references**. The individuals shall have known you for a minimum of one year. The below signed individuals will be vouching for your professionalism.

Reference # 1

First Name	Last Name	Street Address	City/Town	State	Zip Code
Signature		Date	Day Time Telephone Number		

Reference # 2

First Name	Last Name	Street Address	City/Town	State	Zip Code
Signature		Date	Day Time Telephone Number		

Reference # 3

First Name	Last Name	Street Address	City/Town	State	Zip Code
Signature		Date	Day Time Telephone Number		

I give permission for OEMS to verify all information on this application and attachments. I also certify that all information is correct, to the best of my knowledge.

Signature of Applicant _____ Date _____

Forward application, photocopy **both sides** of current AHA or ARC BLS Instructor certificate, and accompanying documents to:

Basic EMT Examiner Training Course
Office of Emergency Medical Services,
2 Boylston Street, 3rd Floor, Boston, MA 02116

The Department of Public Health, Office of Emergency Medical Services has the authority to approve or deny applications for the position of basic EMT Examiner.

OEMS Review and Recommendation:

OEMS Training Course Completed (Date) _____ at _____

Internship Course Completed (Date) _____ at _____

Chief Examiner/Evaluator _____

OEMS Action _____

Date Credentials Issued _____

OEMS Signature _____